

# T K LEE AUTOMOTIVE PTE.LTD

NO. 1 KAKI BUKIT AVE 6 #02-47 AUTOBAY

SINGAPORE 417883

TEL: 6509 5521 FAX: 6509 5523 GST Reg. No. : 201210266Z

ATTN: THE MOTOR CLAIMS DEPARTMENT  
FIRST CAPITAL INSURANCE LTD

36, ROBINSON ROAD #16-01  
CITY HOUSE, SINGAPORE 068877

Yrs Ref. : SHA528U  
Our Ref. : TKL0320-2807  
Date: : 21.04.2020

Accident involving SJF6335U and SHA528U on 23.03.2020 at 0935hrs along Slip road of Tampines Ave 2 turning to Simei Ave

We refer to the above matter. We are instructed that above accident was caused solely and completely by the negligence of your insured, as a result of which, our client have suffered loss and expenses.

We are instructed by our client to make a property damages claims as:-

	<u>Amount</u>
1. Cost Of Repair	S\$ 3,550.00
2. Loss Of Rental (6Days @ S\$160PerDay)	S\$ 960.00
3. Towing	S\$ -
4. LTA Search fee	S\$ 7.45
5. E-File Search fee	S\$ 29.00
Claim Amount	<u><u>S\$ 4,546.45</u></u>

Enclosed are the following documents for your perusal.

<input checked="" type="checkbox"/> Original Final repair Bill	<input checked="" type="checkbox"/> Letter of Authority
<input type="checkbox"/> Original Survey Report & Invoice	<input checked="" type="checkbox"/> Rental Agreement /Receipt
<input type="checkbox"/> Original Photographs of [SJF6335U]	<input checked="" type="checkbox"/> E-File Search Fee/LTA Receipt
<input checked="" type="checkbox"/> GIAS Reports of [SJF6335U]	<input checked="" type="checkbox"/> Vehicle Registration Card
<input checked="" type="checkbox"/> Certificate of Insurance	<input checked="" type="checkbox"/> Driver's Driving License / Identity Card
<input checked="" type="checkbox"/> Report Of A Traffic Accident	

Your prompt action will be greatly appreciated.

Kindly acknowledge receipt of the above said documents and your favourable reply is greatly appreciated.

Yours faithfully,

T K Lee Automotive Pte Ltd



tklee0247@gmail.com

T K LEE AUTOMOTIVE PTE LTD

1 Kaki Bukit Avenue 6, #02-47 Autobay, Singapore 417883  
Tel: (65) 6500 5500

Tel : (65) 6509 5521 Fax : (65) 6509 5523

Co. Reg. : 201200623R

# INVOICE

0813

Claim No. : TKL0320-2807

Acc. Date : 23/03/2020

Messrs : **FIRST CAPITAL INSURANCE LTD**  
36 ROBINSON ROAD  
#16-01 CITY HOUSE  
SINGAPORE 068877

Veh. No./Model : SJF 6335U TOYOTA ALTIS

Date : 16/04/2020

QTY	DESCRIPTIONS	AMOUNT
	<b>Repair Cost :</b> Inclusive of supply parts, panel beating, spray painting and labour.	3,550.00
		<b>3,550.00</b>

E. &amp; O.E.

\* Please make all payments to " T K Lee Automotive Pte Ltd "  
\* All service and repairing are in good order & conditions.

\* All service and repairing are in good order & conditions.



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Customer Sign & Chop

T K Lee Automotive Pte Ltd

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 24 Mar 2020 / 10:17:43

Receipt Date/Time : 24 Mar 2020 / 10:17:43

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200324-000779

Previous Receipt No. :

**S/N Item Description/**

**Business Transaction Reference  
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
-------------------------------	------------------------	------------------------------

Result of Insurance Enquiry - SHA528U

As at 23 Mar 2020/09:35:00

Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED

1 Insurance Enquiry - SHA528U

Enquiry Fee

20200324101639175191

7.00	0.49	7.49
------	------	------

**Sub-Total**

7.00	0.49	7.49
------	------	------

**Total Before Rounding**

7.00	0.49	7.49
------	------	------

**Rounding Difference**

0.04

**Total Amount Payable**

7.45

**Paid By**

20200324101715214 Direct Debit: eNETS Debit  
(Internet Banking)

7.45

**Total**

7.45

**Cash Change**

0.00

**Tendered Amount**

7.45

**Excess Refundable Amount**

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-049117

Date of Request: 24/03/2020

Your Ref No: WALK IN JASON

TK LEE AUTOMOTIVE PTE LTD  
1 KAKI BUKIT AVE 6, #02-14 AUTOBAY  
SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No: SJF6335U  
Date of Accident: 23/03/2020  
Place of Accident: TAMPINES AVE 2  
Involving Vehicle No: SHA528U

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	
GST Amount	14.02
Total Amount Due (GST Inclusive)	0.98
	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-20-049120

Date of Request: 24/03/2020

Your Ref No: WALK IN JASON

TK LEE AUTOMOTIVE PTE LTD  
1 KAKI BUKIT AVE 6, #02-14 AUTOBAY  
SINGAPORE 417883

Dear Sir/Madam,

Date of Accident: 23/03/2020

Vehicle No: SJF6335U

Place of Accident: ALONG SLIP RD OF TAMPINES AVE 2 TURNING TO SIMEI A

Involving Vehicle No: SHA528U

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHA528U	ALONG SLIP RD OF TAMPINES AVE 2 TURNING TO SIMEI A	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



# CARZ RENTAL PTE. LTD.

1 Kaki Bukit Avenue 6, #02-47 Autobay,  
Singapore 417883  
Tel: (65) 6509 5521 Fax: (65) 6509 5523

TKL  
SJF6335u

## VEHICLE RENTAL AGREEMENT

ROC NO: 201312119K

RA NO: **3900**

<b>Hirer Particulars -</b>		Veh. No. <b>SGZ7742B</b>		Replace veh. No. <b>SJF6335U</b>	
Name <b>Wee Ah Hong @ Wong Ah Hong</b>		Make / Model <b>Toyota Wish</b>		Auto/Manual	
Address <b>20 Jalan Pari Kikis</b>		Date/Time Out <b>24.03.2020 @ 1010hrs</b>		KM Out	
<b>S' 488549</b>		Date/Time In <b>30.03.2020 @ 1220hrs</b>		KM In	
NRIC/Passport <b>S0092324I</b>	Mobile <b>9737 0523</b>	Estimated Date/Time Return			
Tel (O)	Fax	Rental charges -			
		S\$		S\$	
<b>Authorised Driver's Particulars -</b>					
Name		<b>6</b>	Hours	@	Per Hour
			Days	@	Per day <b>960.00</b>
Address			Weeks	@	Per Week
			Months	@	Per Month
NRIC/Passport	Nationality	Sub-Total			
Date of Birth	Occupation	Less Discount			
D/Licence No.	Mobile	Sub-Total			
Expiry Date	Tel (O)	<b>Optional Charges -</b>			
Country of Issue	Tel (H)	Delivery	@	Per Trip	
<b>(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES</b>		Collection	@	Per Trip	
		Others			
		Sub-Total			
		Add 7% GST			
		<b>(A) Estimated Total Rental</b>			
		<b>Extension -</b>			
		Extension Rental		X	
		Surcharge (Malaysia)		X	
		P.A.I.		X	
				X	
		<b>Others -</b>			
		Misc :			
		Cash/Nets/Cheque/VISA/MC Card No:			
		Sub-Total			
		Add 7% GST			
		<b>(B) Extension/others Total</b>			
		<b>(A) + (B) Grand Total Rental Charges</b>			
		Less Prepayment			
		<b>Balance Due 960.00</b>			
		Deposit	Deposit Refunded		
		Amount			
		Remarks:		Received by	
<b>Physical Damage Excess</b> Singapore S\$ Malaysia S\$ Young, Elderly & Inexperience driver S\$ (Additional)		<b>Hirer's Acknowledgement</b> 23/03/2020			
<b>IMPORTANT NOTE:</b> 1. Only persons aged 24 and above or below 65 with 2 years or more driving experience, authorized, licensed and signing this agreement may drive the vehicle. 2. In case of accident, the Hirer shall report to rental office immediately. If there is any bodily injury, a police report must be made within 24 hours. 3. Vehicle is strictly for SINGAPORE USE ONLY, and may not be driven out of Singapore without prior consent of <b>Carz Rental Pte. Ltd.</b> 4. Unauthorised drivers, drivers who did not fulfill the above requirement are liable for the full cost & other losses suffered by <b>Carz Rental Pte. Ltd.</b> should the vehicle is damaged or stolen.					
The hirer hereby read and understood all terms and conditions stated on this page and overleaf : for <b>Carz Rental Pte. Ltd.</b> 23/03/2020 Hirer Signature/Co's Stamp/Date					
Authorised Signature/Date 					

Date:

To: First Capital Insurance Ltd

RE: ACCIDENT INVOLVING VEHICLE NO.: SJF6335u and SHA528u

AT/ALONG Slip road of Tampines Ave 2

turning to Simei Ave ON 23.03.2020

I/We, Wee Ah Hong @ Wong Ah Hong of (NRIC No./ROC NO.)

S0092324I of 20 Jalan Pari kikiS , S'488549

owner of vehicle no. SJF6335u in consideration of M/S T K Lee Automotive Pte. Ltd

repairing my/our vehicle SJF6335u at my/our instruction and hereby authorise

M/S T K Lee Automotive Pte. Ltd to demand claim settle receive whatever

amount settled / payable by the Insurance Company and/or third party or to commence legal proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use, etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and all claimed and/or settled shall belong to them absolutely.

I further agree and undertake to indemnify them against the above mentioned claim costs which my arisen therewith.

Signature of Owner : 

Date: 23/03/2020





MSME20035838 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 23/03/2020 17:50  
SUBMITTED BY: Chia Pei Ying

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	23/03/2020 17:50
Date Of Accident	23/03/2020 09:35
Exact Location Of Accident	ALONG SLIP RD OF TAMPINES AVE 2 TURNING TO SIMEI A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF6335U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEE AH HONG @ WONG AH HONG
NRIC No	SXXXX324I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97370523
Alternative Phone No	OFFICE-97370523

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101459497-01

Cover Note Number

### Driver

Name of Driver	WEE AH HONG @ WONG AH HONG
NRIC No	SXXXX324I
Date Of Birth	14/09/1952
Occupation	INDOOR
Date Of Driving Pass	18/11/1985
Driving Experience	34 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97370523
Fax Number	
Contact Number	OFFICE-97370523
EMail Address	NOEMAIL



Address	20 JALAN PARI KIKIS
Postcode	1648
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

AT THE SAID LOCATION AND TIMING, I CAME TO A STOP ALONG SLIP ROAD DUE TO ONGOING TRAFFIC. OUT OF A SUDDEN, I FELT AN IMPACT ON MY VEHICLE'S REAR. I THEN REALISED THAT VEHICLE B HAVE HIT ONTO ME. WE EXCHANGED PARTICULARS AND LEFT.

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA528U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be based outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in settling, investigating, controlling or managing fraud regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature  
Date & Time:

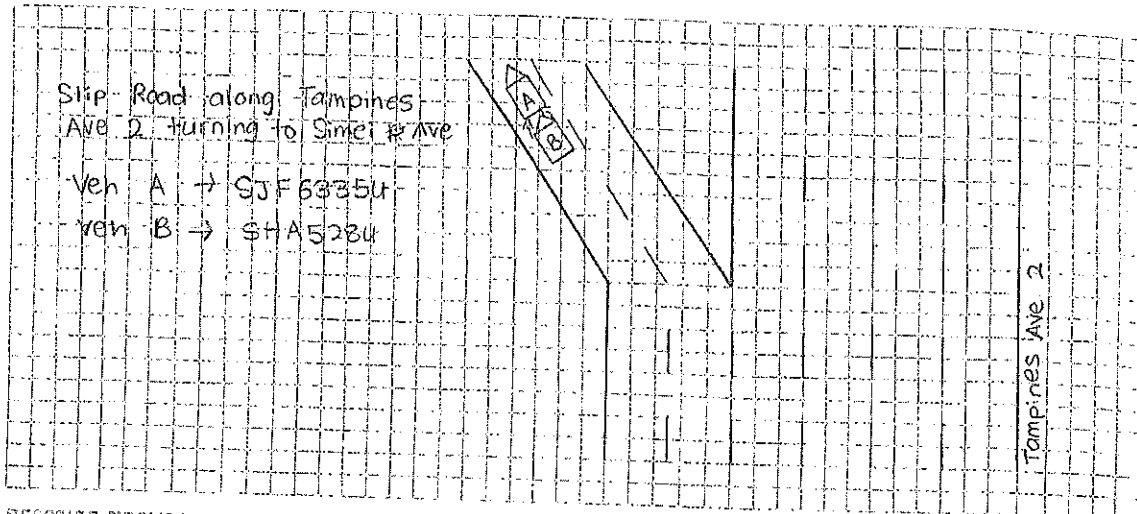
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Receiving Centre Personnel's Signature  
Name  
ID No./Full Name:

LEE BROTHERS

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the said location and timing, I came to a stop along slip road due to ongoing traffic. Out of a sudden I felt an impact on my vehicle's rear. I then realised that vehicle B have hit onto me. We exchanged particulars and left.

LIBERATA FORM

I/We declare the foregoing particulars are true in every respect

*[Signature]*  
Police Officer's Name and  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the police officer)  
Date & Time:

*[Signature]* 24/3/20  
Reporting Officer's Signature  
Name:  
DPIC/EN/110





**SINGAPORE  
POLICE FORCE**



G/20200401/7077

1 of 2

**POLICE REPORT (NP299)**

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Report No. G/20200401/7077

Date/Time Report Made 01/04/2020 22:49		Vide Report No.		Station Diary No.	
Name Of Informant WEE AH HONG		Address 20 JALAN PARI KIKIS SINGAPORE 488549			
ID Type / ID No. NRIC NO / S0092324I		Contact No. Home/Office: Mobile: 97370523			
Nationality SINGAPORE CITIZEN		Email Address dwee03@gmail.com			
Occupation Retiree		Sex Male	Age 67	Date of Birth 14/09/1952	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 23/03/2020 09:30 - 23/03/2020 10:00		Location Of Incident SIMEI AVENUE			
<b>Brief details.</b>					

While driving along Simei Ave, near area of Tampines round market, while trying to filter and turn right after the zebra crossing, i braked after the zebra crossing to look out for incoming traffic before completing the turn. There was a yellow city cab taxi (SHA 528U) that came on and bumped onto my car from my rear. There was 2 LTA traffic police who happened to be nearby and heard the bang. They came forward and have verified our NRIC and driving license. The Traffic officers have requested for me to raise this report at the police station.

<b>Subjects Involved</b>	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2020 22:49
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE  
POLICE FORCE**



G/20200401/7077

POLICE REPORT (NP299)

CONTINUATION OF REPORT

2 of 2

Report No. G/20200401/7077

<b>Suspect</b>			
Person Name	To be investigated		
Gender	Male	Habits & Oddities	Drive of City Cab Car plate SHA 528U
<b>Victim</b>			
Person Name	WEE AH HONG		
ID Type	NRIC NO	ID No	S00923241
Gender	Male	Age	67
Race	Chinese	Language	English
Occupation	Retiree	Address Type	
Address	20 JALAN PARI KIKIS SINGAPORE 488549	Mobile No	97370523
Is Informant A Victim?	Yes		
Person Name	WEE AH HONG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this  
report has been authenticated by  
SingPass. No signature is required.

Date/Time:

01/04/2020 22:49

Classification Of Case:

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5101459497-01

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJF6335U**  
Chassis Number : **MR053ZEE106109597**
2. Name of Policyholder : **WEE AH HONG @WONG AH HONG**
3. Effective Date of Insurance : **05 Jun 2019**
4. Expiry Date of Insurance : **04 Jun 2020**
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: WEE AH HONG @WONG AH HONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

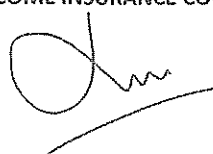
Agency : **IVAN INSURANCE AGENCY PTE. LTD. (00000614519)**  
Date of Issue : **21 May 2019 21:18 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

**REPUBLIC OF SINGAPORE** DRIVING LICENCE

Licence Number **S00923241**

Name  
**WEE AH HONG**  
**@ WONG AH HONG**

Date of Birth **14 Sep 1952**  
Issue Date **17 Nov 2015**

**002493974K**

**SG 50**

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S00923241**

Name  
**WEE AH HONG**  
**@WONG AH HONG**

Race  
**CHINESE**

Date of Birth **14-09-1952** Sex **M**

Country of Birth  
**SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE

**18 Nov 1985**

Licence No: **S00923241**

NP 428A

**1620547**

**S00923241**

NRIC No **S00923241**

Blood Group **B+** Date of issue **25-01-1994**

Address  
**20 JALAN PARI KIKIS**  
**SINGAPORE 1648**



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## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

324I

### Vehicle Details

Vehicle No.:

SJF6335U

Vehicle to be Exported:

Yes

Intended Deregistration Date:

24 Mar 2020

Vehicle Make:

TOYOTA

Vehicle Model:

COROLLA ALTIS 1.6 AUTO

Primary Colour:

Silver

Manufacturing Year:

2008

Engine No.:

3ZZ4768920

Chassis No.:

MR053ZEE106109597

Maximum Power Output:

80.0 kW (107 bhp)

Open Market Value:

\$16,777.00

Original Registration Date:

05 Jun 2008

First Registration Date:

05 Jun 2008

Transfer Count:

1

Actual ARF Paid:

\$16,777.00

### Intended PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

### Intended COE Rebate Details

COE Expiry Date:

04 Jun 2023

COE Category:

A - Car (1600cc & below)

COE Period(Years):

5

PQP Paid:

\$19,107.00

COE Rebate Amount:

\$12,215.00

Total Rebate Amount:

\$12,215.00

### Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 24 Mar 2020

OK